

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1315	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 2/22/2011 TIME 14:31

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

BCC DBA ILLINI COMMUNITY HOSPITAL 14-1315

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 2/22/2011 TIME 14:31

8kQBZF.Lmsy.MYnnAVFe98sBYpky0
rJb:g0eMA5Ba419:abwu1Ur1LJNKn2
khGH0JYAjy0ux8rc

PI ENCRYPTION INFORMATION

DATE: 2/22/2011 TIME 14:31

3mYKRV5Pik1RQPP:QW7EgC9vFByUp0
5:neb0UMe1vpm75TGfgd19vy0chuRn
HX713tGEH90iZICr

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	273,754	103,375	0
3	SWING BED - SNF	0	10,659	0	0
9	RHC	0	0	47,080	0
100	TOTAL	0	284,413	150,455	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

**Blessing Care Corporation
d/b/a Illini Community Hospital
Protested item
September 30, 2010**

We believe that the Illinois Provider Tax is an allowable cost under Medicare cost reimbursement principles. We understand that National Government Services does not share this view. The expense is therefore included as a protested item. The reimbursement effect of including this \$94,128 of provider tax is to increase reimbursement by approximately \$50,000.

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(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-1315	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 2/22/2011 TIME 14:12

PART I - CERTIFICATION

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BCC DBA ILLINI COMMUNITY HOSPITAL 14-1315

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX		
1	2	3	4	5	6	
1	HOSPITAL	0	291,747	130,579	0	
3	SWING BED - SNF	0	14,265	0	0	
9	RHC	0	0	48,336	0	
100	TOTAL	0	306,012	178,915	0	
			484,927			

Difference
\$ 50,059

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-1315

I

I PERIOD:

I FROM 10/ 1/2009

I TO 9/30/2010

I

I PREPARED 2/22/2011

I WORKSHEET A-8

I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-39,572	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,082,793			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-438,148			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-4,410	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,904	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MISCELLANEOUS INCOME	B	-7,678	ADMINISTRATIVE & GENERAL	6	
38 MISCELLANEOUS RADIOLOGY INCOME	B	-580	RADIOLOGY-DIAGNOSTIC	41	
39 MISCELLANEOUS SUPPLIES REVENUE	B	-200	MEDICAL SUPPLIES CHARGED	55	
40 CABLE TELEVISION	A	-1,600	OPERATION OF PLANT	8	
41 MISCELLANEOUS EXPENSE	A	-12,890	ADMINISTRATIVE & GENERAL	6	
42 PUBLIC RELATIONS SALARIES	A	-20,499	ADMINISTRATIVE & GENERAL	6	
43 PUBLIC RELATIONS BENEFITS	A	-6,277	EMPLOYEE BENEFITS	5	
44 PUBLIC RELATIONS EXPENSES	A	-74,324	ADMINISTRATIVE & GENERAL	6	
45 COFFEE SHOP RECEIPTS	B	-44,149	DIETARY	11	
46 MEALS ON WHEELS	B	-6,454	DIETARY	11	
47 LOBBYING EXPENSE	A	-7,673	ADMINISTRATIVE & GENERAL	6	
48 MISCELLANEOUS	B	-175	ADMINISTRATIVE & GENERAL	6	
49 NON-RHC PHYSICIAN COST	A	-32,647	RURAL HEALTH CLINIC	63.50	
49.01 CRNA SALARY RELATED TO PRO FEES	A	-6,581	NONPHYSICIAN ANESTHETISTS	20	
49.02 CRNA BENEFITS RELATED TO PRO FEES	A	-2,015	EMPLOYEE BENEFITS	5	
49.03 PROVIDER TAX	A	94,128	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,698,441			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

**HEALTHCARE AND FAMILY SERVICES
HOSPITAL PROVIDER ASSESSMENT PROGRAM
ASSESSMENT CALCULATION AND REMITTANCE
FISCAL YEAR 2010**

Current Record Tax ID: 16009 PIN: 3507 ILLINI COMMUNITY HOSPITAL 640 WEST WASHINGTON PITTSFIELD, IL 62363	Address Correction E-mail Address:
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FISCAL YEAR 2010 ASSESSMENT CALCULATION

Assessment Period: SEPTEMBER 2009		37-11-99898-1131-1130-98
Assessment base:	Occupied Beds:	2,927
	minus Medicare Occupied Beds:	2,496
	Total Taxable Beds:	431
	Tax rate:	X \$218.38
	*Annual Assessment:	\$94,122
	*Monthly Assessment:	\$7,844
* Amounts rounded to the nearest dollar		(A) (A)

Rec'd 9-11-09

34645.50
2496.38
37141.88

HCS

(96.00)

1116.50 - Sept

(587.00)

38761.88

Monthly (A) 7844
 * 12
 94,128

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 640 WEST WASHINGTON P.O. BOX:
1.01 CITY: PITTSFIELD STATE: IL ZIP CODE: 62363- COUNTY: PIKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	BCC DBA ILLINI COMMUNITY HOSPITAL	14-1315		9/ 1/2001	N 0 N
04.00 SWING BED - SNF	BCC DBA ILLINI COMM HOSP-SWINGBED	14-2315		9/ 1/2001	N 0 N
14.00 HOSPITAL-BASED RHC	BCC DBA ILLINI COMM HOSP-RHC	14-3482		7/ 3/2006	N 0 N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 14

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL. 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL. 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING
PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN
EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET
E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS
DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED
UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR
NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE
RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y"
FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT
IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913
FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 9/ 1/2001

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR
THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL
INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER
THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR
TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE
OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN
INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE
USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL
EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN
3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES
ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE
AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS
HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?
SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF
PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE
SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST
BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R
TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD
NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). Y

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N N N
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y 14H132
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR # 00131
40.01 NAME: BLESSING CORPORATE SERVICES
40.02 STREET: BROADWAY AT 11TH STREET P.O. BOX: 7005
40.03 CITY: QUINCY STATE: IL ZIP CODE: 62301-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH N
42 CFR 412.348(e)? (SEE INSTRUCTIONS)
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL N
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 154,100
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND
GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH N
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/31/2011

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATAI PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
I 14-1315 I FROM 10/ 1/2009 I WORKSHEET S-3
I TO 9/30/2010 I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	25	9,125	51,456.00		1,722		186
2	HMO					11		
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					434		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	25	9,125	51,456.00		2,156		186
12	TOTAL	25	9,125	51,456.00		2,156		186
13	RPCH VISITS							
24	RURAL HEALTH CLINIC					1,701		
25	TOTAL	25						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED 5.01 5.02		O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED 6.01 6.02	-- INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 7 8
1	ADULTS & PEDIATRICS			2,127		
2	HMO					
2	01 HMO - (IRF PPS SUBPROVIDER)					
3	ADULTS & PED-SB SNF			434		
4	ADULTS & PED-SB NF			23		
5	TOTAL ADULTS AND PEDS			2,584		
12	TOTAL			2,584		
13	RPCH VISITS					
24	RURAL HEALTH CLINIC			8,373		
25	TOTAL					
26	OBSERVATION BED DAYS			88		
27	AMBULANCE TRIPS					
28	EMPLOYEE DISCOUNT DAYS			17		
28	01 EMP DISCOUNT DAYS -IRF					
29	LABOR & DELIVERY DAYS					

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					448	64	602
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		154.27			448	64	602
13	RPCH VISITS							
24	RURAL HEALTH CLINIC		7.44					
25	TOTAL		161.71					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

Health Financial Systems MCRIF32 FOR BCC DBA ILLINI COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 S-8 (09/2000)

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED	I PROVIDER NO:	I PERIOD:	I PREPARED 2/22/2011
HEALTH CENTER PROVIDER STATISTICAL DATA	I 14-1315	I FROM 10/ 1/2009	I WORKSHEET S-8
	I COMPONENT NO:	I TO 9/30/2010	I
	I 14-3482	I	I

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 321 WEST WASHINGTON
 1.01 CITY: PITTSFIELD STATE: IL ZIP CODE: 6363 COUNTY: PIKE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

GRANT AWARD DATE
 1 2

3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)
 4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)
 5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)
 6 APPALACHIAN REGIONAL COMMISSION
 7 LOOK-ALIKES
 8 OTHER (SPECIFY)

/ /
 / /
 / /
 / /
 / /

PHYSICIAN INFORMATION:

PHYSICIAN BILLING
 NAME NUMBER

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT

PHYSICIAN HOURS OF
 NAME SUPERVISION

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER N
 OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND
 THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			700	1730	700	1730	700	1730	700	1730	700	1730	700	1200

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION).
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN N
 COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE
 WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR
 EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN N
 COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS &
 RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS
 OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1315
II PERIOD:
I FROM 10/ 1/2009
I TO 9/30/2010I PREPARED 2/22/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		464,780	464,780	91,402	556,182
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		511,619	511,619	8,490	520,109
5	0500 EMPLOYEE BENEFITS		2,098,985	2,098,985		2,098,985
6	0600 ADMINISTRATIVE & GENERAL	945,957	1,509,449	2,455,406	-80,697	2,374,709
7	0700 MAINTENANCE & REPAIRS	288,281	153,327	441,608		441,608
8	0800 OPERATION OF PLANT		345,961	345,961	72,438	418,399
9	0900 LAUNDRY & LINEN SERVICE		78,947	78,947		78,947
10	1000 HOUSEKEEPING	275,527	32,767	308,294		308,294
11	1100 DIETARY	182,169	112,465	294,634		294,634
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	113,903	48,157	162,060	-7,801	154,259
17	1700 MEDICAL RECORDS & LIBRARY	109,610	177,833	287,443		287,443
18	1800 SOCIAL SERVICE				52,312	52,312
20	2000 NONPHYSICIAN ANESTHETISTS				272,200	272,200
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,220,717	71,144	1,291,861	-52,312	1,239,549
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	456,302	106,357	562,659	1,041	563,700
40	4000 ANESTHESIOLOGY	272,200	2,597	274,797	-274,797	
41	4100 RADIOLOGY-DIAGNOSTIC	722,624	806,488	1,529,112	-828	1,528,284
41.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	27,989	145,524	173,513	-34,623	138,890
44	4400 LABORATORY	448,387	581,570	1,029,957	-75,679	954,278
49	4900 RESPIRATORY THERAPY	151,754	41,726	193,480	-15,344	178,136
49.01	4901 SLEEP STUDIES	29,856	10,470	40,326	-651	39,675
50	5000 PHYSICAL THERAPY	24,905	21,789	46,694		46,694
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,989	120,481	160,470	129,943	290,413
56	5600 DRUGS CHARGED TO PATIENTS	320,289	1,511,772	1,832,061		1,832,061
56.01	3480 ONCOLOGY	102,342	252,778	355,120		355,120
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	695,122	1,311,753	2,006,875	-906	2,005,969
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	330,014	582,885	912,899	-356	912,543
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		123,404	123,404	-83,832	39,572
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	6,757,937	11,225,028	17,982,965	-0-	17,982,965
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	97,281	5,638	102,919		102,919
100	7950 AUTOMATED HEALTH SERVICES		342	342		342
100.01	7951 RENAL					
100.02	7952 LEASED SPACE					
100.03	7953 UNUSED SPACE					
101	TOTAL	6,855,218	11,231,008	18,086,226	-0-	18,086,226

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1315
II PERIOD:
I FROM 10/ 1/2009
I TO 9/30/2010 II PREPARED 2/22/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		556,182
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		520,109
5 0500	EMPLOYEE BENEFITS	-885,707	1,213,278
6 0600	ADMINISTRATIVE & GENERAL	321,488	2,696,197
7 0700	MAINTENANCE & REPAIRS		441,608
8 0800	OPERATION OF PLANT	-1,600	416,799
9 0900	LAUNDRY & LINEN SERVICE	-2,725	76,222
10 1000	HOUSEKEEPING		308,294
11 1100	DIETARY	-54,461	240,173
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION		154,259
17 1700	MEDICAL RECORDS & LIBRARY	-2,237	285,206
18 1800	SOCIAL SERVICE		52,312
20 2000	NONPHYSICIAN ANESTHETISTS	-6,581	265,619
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,239,549
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		563,700
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-3,890	1,524,394
41.01 3450	NUCLEAR MEDICINE-DIAGNOSTIC		138,890
44 4400	LABORATORY		954,278
49 4900	RESPIRATORY THERAPY		178,136
49.01 4901	SLEEP STUDIES		39,675
50 5000	PHYSICAL THERAPY		46,694
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-200	290,213
56 5600	DRUGS CHARGED TO PATIENTS		1,832,061
56.01 3480	ONCOLOGY	-241,500	113,620
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-916,511	1,089,458
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
63.50 6310	RURAL HEALTH CLINIC	40,927	953,470
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-39,572	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,792,569	16,190,396
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		102,919
100 7950	AUTOMATED HEALTH SERVICES		342
100.01 7951	RENAL		
100.02 7952	LEASED SPACE		
100.03 7953	UNUSED SPACE		
101	TOTAL	-1,792,569	16,293,657

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP STUDIES	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	AUTOMATED HEALTH SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENAL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LEASED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	UNUSED SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141315PERIOD:
FROM 10/ 1/2009
TO 9/30/2010PREPARED 2/22/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS PROPERTY INSURANCE	A	OTHER CAPITAL RELATED COSTS	90			16,060
2 RECLASS UTILITIES	B	OPERATION OF PLANT	8			72,438
3 RECLASS MEDICAL SUPPLIES EXPENSE	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			129,943
4						
5						
6						
7						
8						
9						
10						
11 RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3			82,309
12		NEW CAP REL COSTS-MVBLE EQUIP	4			1,523
13 RECLASS SOCIAL SERVICE SALARY	E	SOCIAL SERVICE	18		52,312	
14 RECLASS MISCELLANEOUS ANESTH EXPENSE	F	OPERATING ROOM	37			2,597
15 RECLASS DIRECTOR OF PATIENT CARE SAL	G	NURSING ADMINISTRATION	14		99,819	
16 RECLASS CRNA COSTS	H	NONPHYSICIAN ANESTHETISTS	20		272,200	
17 RECLASS UR COORDINATOR SALARY	I	ADMINISTRATIVE & GENERAL	6		29,303	
18 RECLASS NURSING MANAGER SALARY	J	ADMINISTRATIVE & GENERAL	6		78,317	
36 TOTAL RECLASSIFICATIONS					531,951	304,870

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141315

PERIOD:

FROM 10/ 1/2009

TO

9/30/2010

PREPARED 2/22/2011

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO	7			
1 RECLASS PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6			16,060	
2 RECLASS UTILITIES	B	ADMINISTRATIVE & GENERAL	6			72,438	
3 RECLASS MEDICAL SUPPLIES EXPENSE	C	OPERATING ROOM	37			1,556	
4		RADIOLOGY-DIAGNOSTIC	41			828	
5		NUCLEAR MEDICINE-DIAGNOSTIC	41.01			34,623	
6		LABORATORY	44			75,679	
7		RESPIRATORY THERAPY	49			15,344	
8		SLEEP STUDIES	49.01			651	
9		EMERGENCY	61			906	
10		RURAL HEALTH CLINIC	63.50			356	
11 RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88			83,832	11
12							11
13 RECLASS SOCIAL SERVICE SALARY	E	ADULTS & PEDIATRICS	25		52,312		
14 RECLASS MISCELLANEOUS ANESTH EXPENSE	F	ANESTHESIOLOGY	40			2,597	
15 RECLASS DIRECTOR OF PATIENT CARE SAL	G	ADMINISTRATIVE & GENERAL	6		99,819		
16 RECLASS CRNA COSTS	H	ANESTHESIOLOGY	40		272,200		
17 RECLASS UR COORDINATOR SALARY	I	NURSING ADMINISTRATION	14		29,303		
18 RECLASS NURSING MANAGER SALARY	J	NURSING ADMINISTRATION	14		78,317		
36 TOTAL RECLASSIFICATIONS					531,951	304,870	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
141315

PERIOD:

FROM 10/ 1/2009

PREPARED 2/22/2011

WORKSHEET A-6

TO

9/30/2010

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS PROPERTY INSURANCE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	16,060
TOTAL RECLASSIFICATIONS FOR CODE A			16,060

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	16,060	
		16,060	

RECLASS CODE: B

EXPLANATION : RECLASS UTILITIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	72,438
TOTAL RECLASSIFICATIONS FOR CODE B			72,438

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	72,438	
		72,438	

RECLASS CODE: C

EXPLANATION : RECLASS MEDICAL SUPPLIES EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	129,943
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			129,943

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	1,556	
RADIOLOGY-DIAGNOSTIC	41	828	
NUCLEAR MEDICINE-DIAGNOSTIC	41.01	34,623	
LABORATORY	44	75,679	
RESPIRATORY THERAPY	49	15,344	
SLEEP STUDIES	49.01	651	
EMERGENCY	61	906	
RURAL HEALTH CLINIC	63.50	356	
		129,943	

RECLASS CODE: D

EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	82,309
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,523
TOTAL RECLASSIFICATIONS FOR CODE D			83,832

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	83,832	
		0	
		83,832	

RECLASS CODE: E

EXPLANATION : RECLASS SOCIAL SERVICE SALARY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	SOCIAL SERVICE	18	52,312
TOTAL RECLASSIFICATIONS FOR CODE E			52,312

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	52,312	
		52,312	

RECLASS CODE: F

EXPLANATION : RECLASS MISCELLANEOUS ANESTH EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	2,597
TOTAL RECLASSIFICATIONS FOR CODE F			2,597

DECREASE			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	2,597	
		2,597	

RECLASS CODE: G

EXPLANATION : RECLASS DIRECTOR OF PATIENT CARE SAL

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	99,819
TOTAL RECLASSIFICATIONS FOR CODE G			99,819

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	99,819	
		99,819	

RECLASS CODE: H

EXPLANATION : RECLASS CRNA COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	272,200
TOTAL RECLASSIFICATIONS FOR CODE H			272,200

DECREASE			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	272,200	
		272,200	

RECLASS CODE: I

EXPLANATION : RECLASS UR COORDINATOR SALARY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	29,303
TOTAL RECLASSIFICATIONS FOR CODE I			29,303

DECREASE			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	29,303	
		29,303	

RECLASSIFICATIONS

PROVIDER NO:

PERIOD:

PREPARED 2/22/2011

141315

FROM 10/ 1/2009

WORKSHEET A-6

TO

9/30/2010

NOT A CMS WORKSHEET

RECLASS CODE: J

EXPLANATION : RECLASS NURSING MANAGER SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	78,317	NURSING ADMINISTRATION	14	78,317	
TOTAL RECLASSIFICATIONS FOR CODE J			78,317			78,317	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	134,251					134,251	
2	LAND IMPROVEMENTS	221,456	36,545		36,545		258,001	
3	BUILDINGS & FIXTURE	6,448,376					6,448,376	
4	BUILDING IMPROVEMEN	841,363	13,816		13,816		855,179	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	4,875,439	1,191,042		1,191,042	470,395	5,596,086	
7	SUBTOTAL	12,520,885	1,241,403		1,241,403	470,395	13,291,893	
8	RECONCILING ITEMS							
9	TOTAL	12,520,885	1,241,403		1,241,403	470,395	13,291,893	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	7,303,555		7,303,555	.566183	9,093			9,093
4	NEW CAP REL COSTS-MV	5,596,086		5,596,086	.433817	6,967			6,967
5	TOTAL	12,899,641		12,899,641	1.000000	16,060			16,060

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	464,780		82,309	9,093			556,182
4	NEW CAP REL COSTS-MV	511,619		1,523	6,967			520,109
5	TOTAL	976,399		83,832	16,060			1,076,291

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	464,780						464,780
4	NEW CAP REL COSTS-MV	511,619						511,619
5	TOTAL	976,399						976,399

- * All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-1315

I

I PERIOD:

I FROM 10/ 1/2009

I TO

9/30/2010

I

I PREPARED 2/22/2011

I WORKSHEET A-8

I

DESCRIPTION (1)		(2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF.
	BASIS/CODE	1		COST CENTER	3		
1	INVEST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3	INVEST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5	INVESTMENT INCOME-OTHER	B	-39,572	INTEREST EXPENSE		88	
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES						
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,082,793				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-438,148				
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-4,410	DIETARY		11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,904	MEDICAL RECORDS & LIBRARY		17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37	MISCELLANEOUS INCOME	B	-7,678	ADMINISTRATIVE & GENERAL		6	
38	MISCELLANEOUS RADIOLOGY INCOME	B	-580	RADIOLOGY-DIAGNOSTIC		41	
39	MISCELLANEOUS SUPPLIES REVENUE	B	-200	MEDICAL SUPPLIES CHARGED		55	
40	CABLE TELEVISION	A	-1,600	OPERATION OF PLANT		8	
41	MISCELLANEOUS EXPENSE	A	-12,890	ADMINISTRATIVE & GENERAL		6	
42	PUBLIC RELATIONS SALARIES	A	-20,499	ADMINISTRATIVE & GENERAL		6	
43	PUBLIC RELATIONS BENEFITS	A	-6,277	EMPLOYEE BENEFITS		5	
44	PUBLIC RELATIONS EXPENSES	A	-74,324	ADMINISTRATIVE & GENERAL		6	
45	COFFEE SHOP RECEIPTS	B	-44,149	DIETARY		11	
46	MEALS ON WHEELS	B	-6,454	DIETARY		11	
47	LOBBYING EXPENSE	A	-7,673	ADMINISTRATIVE & GENERAL		6	
48	MISCELLANEOUS	B	-175	ADMINISTRATIVE & GENERAL		6	
49	NON-RHC PHYSICIAN COST	A	-32,647	RURAL HEALTH CLINIC		63.50	
49.01	CRNA SALARY RELATED TO PRO FEES	A	-6,581	NONPHYSICIAN ANESTHETISTS		20	
49.02	CRNA BENEFITS RELATED TO PRO FEES	A	-2,015	EMPLOYEE BENEFITS		5	
50	TOTAL (SUM OF LINES 1 THRU 49)		-1,792,569				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32
STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTS

FOR BCC DBA ILLINI COMMUNITY HOSPITAL
I PROVIDER NO:
I 14-1315
I

IN LIEU OF FORM CMS-2552-96(09/2000)
I PERIOD:
I FROM 10/ 1/2009 I
I TO 9/30/2010 I PREPARED 2/22/2011
WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	742,579	421,668	320,911
2	11	DIETARY	DIETICIAN	13,551	12,999	552
3	9	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICES	56,641	59,366	-2,725
4	5	EMPLOYEE BENEFITS	HEALTH INSURANCE	422,821	1,300,236	-877,415
4.01	63 50	RURAL HEALTH CLINIC	RHC PHYSICIAN	433,634	393,193	40,441
4.02	61	EMERGENCY	ER PHYSICIANS	1,111,123	1,186,341	-75,218
4.03	63 50	RURAL HEALTH CLINIC	RHC CLINIC BUILDING	49,178	16,045	33,133
4.04	6	ADMINISTRATIVE & GENERAL	INFORMATION SERVICES			
4.05	6	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	151,933	28,117	123,816
4.06	17	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	12,114	10,447	1,667
4.07	41	RADIOLOGY-DIAGNOSTIC	ECHO SERVICES	1,290	4,600	-3,310
5		TOTALS		2,994,864	3,433,012	-438,148

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	BLESSING CORPORATE SVCS	0.00	HOME OFFICE
2	G	0.00	BLESSING HOSPITAL	0.00	HOSPITAL
3	G	0.00	DENMAN SERVICES	0.00	LAUNDRY AND BIO-MED
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
BROTHER/SISTER ENTITY

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LABORATORY	31,460		31,460				
2 56	1 ONCOLOGY	241,500	241,500					
3 61	EMERGENCY	1,205,636	841,293	364,343				
4 14	UM REVIEW	1,816		1,816				
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,480,412	1,082,793	397,619				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LABORATORY							
2 56	1 ONCOLOGY							241,500
3 61	EMERGENCY							841,293
4 14	UM REVIEW							
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							1,082,793

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	119
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	108
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	204.55	162.34		
10	AHSEA (SEE INSTRUCTIONS)	70.94	53.21		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	35.47	35.47	26.61	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	14,511
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	8,638
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	23,149
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	23,149

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	63.10
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	49,218
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	49,218

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE	
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 49,218
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 49,218
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR
RECORDS) 17,336

Health Financial Systems MCRIF32 FOR BCC DBA ILLINI COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)

REASONABLE COST DETERMINATION FOR THERAPY I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011

SERVICES FURNISHED BY OUTSIDE SUPPLIERS I 14-1315 I FROM 10/ 1/2009 I WORKSHEET A-8-4

ON OR AFTER APRIL 10, 1998 I I TO 9/30/2010 I PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 17,336
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS 17,336
LINE MUST AGREE WITH LINE 64)

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
TOTAL COST- (LINE 66 DIVIDED BY LINE 67)

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION-
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE
69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE
WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
I 14-1315 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT DAYS	ENTERED
12	CAFETERIA	5	GROSS SALARIES	ENTERED
14	NURSING ADMINISTRATION	13	NURSING SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TOTAL CHARGES	ENTERED
18	SOCIAL SERVICE	8	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 I 14-1315 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	556,182	556,182					
005 NEW CAP REL COSTS-MVBLE E	520,109		520,109				
006 EMPLOYEE BENEFITS	1,213,278			1,213,278			
007 ADMINISTRATIVE & GENERAL	2,696,197	108,330	115,649	165,829	3,086,005	3,086,005	
008 MAINTENANCE & REPAIRS	441,608	114,731	122,484	51,224	730,047	170,578	900,625
009 OPERATION OF PLANT	416,799				416,799	97,386	
010 LAUNDRY & LINEN SERVICE	76,222				76,222	17,809	
011 HOUSEKEEPING	308,294	8,809	9,404	48,958	375,465	87,729	26,132
012 DIETARY	240,173	10,750	11,476	32,369	294,768	68,873	31,888
014 CAFETERIA		3,886	4,148		8,034	1,877	11,526
017 NURSING ADMINISTRATION	154,259	980	1,046	18,853	175,138	40,922	2,907
018 MEDICAL RECORDS & LIBRARY	285,206	17,429	18,607	19,476	340,718	79,610	51,702
020 SOCIAL SERVICE	52,312	694	741	9,295	63,042	14,730	2,058
020 NONPHYSICIAN ANESTHETISTS	265,619			47,197	312,816	73,090	
025 INPUT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,239,549	55,179	58,907	207,611	1,561,246	364,790	163,682
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	563,700	33,927	36,219	81,079	714,925	167,044	100,642
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,524,394	23,580	25,173	128,402	1,701,549	397,572	69,949
041 01 NUCLEAR MEDICINE-DIAGNOST	138,890	2,508	2,677	4,973	149,048	34,826	7,439
044 LABORATORY	954,278	11,967	12,776	79,673	1,058,694	247,367	35,499
049 RESPIRATORY THERAPY	178,136	6,447	6,882	26,965	218,430	51,037	19,124
049 01 SLEEP STUDIES	39,675	1,824	1,947	5,305	48,751	11,391	5,411
050 PHYSICAL THERAPY	46,694	2,493	2,662	4,425	56,274	13,149	7,396
055 MEDICAL SUPPLIES CHARGED	290,213	7,305	7,799	7,106	312,423	72,999	21,671
056 DRUGS CHARGED TO PATIENTS	1,832,061	8,004	8,545	56,912	1,905,522	445,226	23,743
056 01 ONCOLOGY	113,620	5,637	6,018	18,185	143,460	33,520	16,721
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,089,458	29,746	31,755	123,515	1,274,474	297,785	88,238
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	953,470		15,023	58,640	1,027,133	239,993	41,745
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	16,190,396	454,226	499,938	1,195,992	16,050,983	3,029,303	727,473
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,735	3,988		7,723	1,805	11,080
098 PHYSICIANS' PRIVATE OFFIC	102,919	15,159	16,183	17,286	151,547	35,409	44,968
100 AUTOMATED HEALTH SERVICES	342				342	80	
100 01 RENAL		11,172			11,172	2,610	33,140
100 02 LEASED SPACE		28,305			28,305	6,614	83,964
100 03 UNUSED SPACE		43,585			43,585	10,184	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,293,657	556,182	520,109	1,213,278	16,293,657	3,086,005	900,625

COST ALLOCATION - GENERAL SERVICE COSTS

I 14-1315

I FROM 10/ 1/2009

I WORKSHEET B

I

I TO 9/30/2010

I PART I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	514,185						
010	LAUNDRY & LINEN SERVICE		94,031					
011	HOUSEKEEPING	14,053		503,379				
012	DIETARY	17,148		20,047	432,724			
014	CAFETERIA	6,198		7,246		34,881		
017	NURSING ADMINISTRATION	1,563		1,827		719	223,076	
018	MEDICAL RECORDS & LIBRARY	27,804		32,503		742		533,079
020	SOCIAL SERVICE	1,107		1,294		354		
	NONPHYSICIAN ANESTHETISTS					1,799		
025	INPAT ROUTINE SRVC CNTRS							
	ADULTS & PEDIATRICS	88,024	94,031	102,899	432,724	7,917	90,271	38,069
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	54,122		63,270		3,091	34,834	34,125
040	ANESTHESIOLOGY							2,152
041	RADIOLOGY-DIAGNOSTIC	37,616		43,974		4,895		149,616
041 01	NUCLEAR MEDICINE-DIAGNOST	4,001		4,677		190	2,913	15,977
044	LABORATORY	19,091		22,317		3,037		96,501
049	RESPIRATORY THERAPY	10,284		12,022		1,028	7,250	18,221
049 01	SLEEP STUDIES	2,910		3,401		202		4,700
050	PHYSICAL THERAPY	3,978		4,650		169		2,847
055	MEDICAL SUPPLIES CHARGED	11,654		13,624		271		17,095
056	DRUGS CHARGED TO PATIENTS	12,768		14,926		2,170		77,577
056 01	ONCOLOGY	8,992		10,512		693	10,142	2,334
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	47,452		55,472		4,709	56,773	73,865
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC					2,236	14,436	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	368,765	94,031	414,661	432,724	34,222	216,619	533,079
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	5,959		6,966				
098	PHYSICIANS' PRIVATE OFFIC	24,182		28,270		659	6,457	
100	AUTOMATED HEALTH SERVICES							
100 01	RENAL	17,822		20,834				
100 02	LEASED SPACE	27,928		32,648				
100 03	UNUSED SPACE	69,529						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	514,185	94,031	503,379	432,724	34,881	223,076	533,079

COST CENTER DESCRIPTION	SOCIAL SERVIC NONPHYSICIAN E ANESTHETISTS		SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	18	20			
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY					
020 SOCIAL SERVICE	82,585				
025 NONPHYSICIAN ANESTHETISTS		387,705			
037 INPAT ROUTINE SRVC CNTRS					
040 ADULTS & PEDIATRICS	82,585		3,026,238		3,026,238
041 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM			1,172,053		1,172,053
044 ANESTHESIOLOGY		387,705	389,857		389,857
041 RADIOLOGY-DIAGNOSTIC			2,405,171		2,405,171
041 01 NUCLEAR MEDICINE-DIAGNOST			219,071		219,071
044 LABORATORY			1,482,506		1,482,506
049 RESPIRATORY THERAPY			337,396		337,396
049 01 SLEEP STUDIES			76,766		76,766
050 PHYSICAL THERAPY			88,463		88,463
055 MEDICAL SUPPLIES CHARGED			449,737		449,737
056 DRUGS CHARGED TO PATIENTS			2,481,932		2,481,932
056 01 ONCOLOGY			226,374		226,374
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY			1,898,768		1,898,768
063 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 50 RURAL HEALTH CLINIC			1,325,543		1,325,543
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	82,585	387,705	15,579,875		15,579,875
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			33,533		33,533
100 PHYSICIANS' PRIVATE OFFIC			291,492		291,492
100 AUTOMATED HEALTH SERVICES			422		422
100 01 RENAL			85,578		85,578
100 02 LEASED SPACE			179,459		179,459
100 03 UNUSED SPACE			123,298		123,298
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	82,585	387,705	16,293,657		16,293,657

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		0	3	4	4a	5	6	7
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL		108,330	115,649	223,979		223,979	
007	MAINTENANCE & REPAIRS		114,731	122,484	237,215		12,380	249,595
008	OPERATION OF PLANT						7,068	
009	LAUNDRY & LINEN SERVICE						1,293	
010	HOUSEKEEPING		8,809	9,404	18,213		6,367	7,242
011	DIETARY		10,750	11,476	22,226		4,999	8,837
012	CAFETERIA		3,886	4,148	8,034		136	3,194
014	NURSING ADMINISTRATION		980	1,046	2,026		2,970	806
017	MEDICAL RECORDS & LIBRARY		17,429	18,607	36,036		5,778	14,329
018	SOCIAL SERVICE		694	741	1,435		1,069	570
020	NONPHYSICIAN ANESTHETISTS						5,305	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		55,179	58,907	114,086		26,476	45,363
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		33,927	36,219	70,146		12,124	27,891
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		23,580	25,173	48,753		28,855	19,385
041	01 NUCLEAR MEDICINE-DIAGNOST		2,508	2,677	5,185		2,528	2,062
044	LABORATORY		11,967	12,776	24,743		17,953	9,838
049	RESPIRATORY THERAPY		6,447	6,882	13,329		3,704	5,300
049	01 SLEEP STUDIES		1,824	1,947	3,771		827	1,499
050	PHYSICAL THERAPY		2,493	2,662	5,155		954	2,050
055	MEDICAL SUPPLIES CHARGED		7,305	7,799	15,104		5,298	6,006
056	DRUGS CHARGED TO PATIENTS		8,004	8,545	16,549		32,316	6,580
056	01 ONCOLOGY		5,637	6,018	11,655		2,433	4,634
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		29,746	31,755	61,501		21,613	24,454
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC			15,023	15,023		17,418	11,569
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		454,226	499,938	954,164		219,864	201,609
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		3,735	3,988	7,723		131	3,071
098	PHYSICIANS' PRIVATE OFFIC		15,159	16,183	31,342		2,570	12,462
100	AUTOMATED HEALTH SERVICES						6	
100	01 RENAL		11,172		11,172		189	9,184
100	02 LEASED SPACE		28,305		28,305		480	23,269
100	03 UNUSED SPACE		43,585		43,585		739	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		556,182	520,109	1,076,291		223,979	249,595

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 I 14-1315 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART III

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	7,068						
010	LAUNDRY & LINEN SERVICE		1,293					
011	HOUSEKEEPING	193		32,015				
012	DIETARY	236		1,275	37,573			
014	CAFETERIA	85		461		11,910		
017	NURSING ADMINISTRATION	21		116		245	6,184	
018	MEDICAL RECORDS & LIBRARY	382		2,067		254		58,846
020	SOCIAL SERVICE	15		82		121		
	NONPHYSICIAN ANESTHETISTS					614		
025	INPAT ROUTINE SRVC CNTRS							
	ADULTS & PEDIATRICS	1,211	1,293	6,546	37,573	2,704	2,502	4,202
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	744		4,024		1,055	966	3,766
040	ANESTHESIOLOGY							238
041	RADIOLOGY-DIAGNOSTIC	517		2,797		1,671		16,522
041	01 NUCLEAR MEDICINE-DIAGNOST	55		297		65	81	1,763
044	LABORATORY	262		1,419		1,037		10,651
049	RESPIRATORY THERAPY	141		765		351	201	2,011
049	01 SLEEP STUDIES	40		216		69		519
050	PHYSICAL THERAPY	55		296		58		314
055	MEDICAL SUPPLIES CHARGED	160		866		92		1,887
056	DRUGS CHARGED TO PATIENTS	176		949		741		8,562
056	01 ONCOLOGY	124		669		237	281	258
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	652		3,528		1,608	1,574	8,153
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC					763	400	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	5,069	1,293	26,373	37,573	11,685	6,005	58,846
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	82		443				
098	PHYSICIANS' PRIVATE OFFIC	332		1,798		225	179	
100	AUTOMATED HEALTH SERVICES							
100	01 RENAL	245		1,325				
100	02 LEASED SPACE	384		2,076				
100	03 UNUSED SPACE	956						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	7,068	1,293	32,015	37,573	11,910	6,184	58,846

	COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	20	25	26	27
003	GENERAL SERVICE COST CNTR					
004	NEW CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-MVBLE E					
006	EMPLOYEE BENEFITS					
007	ADMINISTRATIVE & GENERAL					
008	MAINTENANCE & REPAIRS					
009	OPERATION OF PLANT					
010	LAUNDRY & LINEN SERVICE					
011	HOUSEKEEPING					
012	DIETARY					
014	CAFETERIA					
017	NURSING ADMINISTRATION					
018	MEDICAL RECORDS & LIBRARY					
020	SOCIAL SERVICE	3,292				
025	NONPHYSICIAN ANESTHETISTS		5,919			
037	INPAT ROUTINE SRVC CNTRS					
040	ADULTS & PEDIATRICS	3,292		245,248		245,248
041	ANCILLARY SRVC COST CNTRS					
041	OPERATING ROOM			120,716		120,716
044	ANESTHESIOLOGY			238		238
049	RADIOLOGY-DIAGNOSTIC			118,500		118,500
049	01 NUCLEAR MEDICINE-DIAGNOST			12,036		12,036
050	LABORATORY			65,903		65,903
055	RESPIRATORY THERAPY			25,802		25,802
056	01 SLEEP STUDIES			6,941		6,941
056	PHYSICAL THERAPY			8,882		8,882
061	MEDICAL SUPPLIES CHARGED			29,413		29,413
062	DRUGS CHARGED TO PATIENTS			65,873		65,873
063	01 ONCOLOGY			20,291		20,291
063	OUTPAT SERVICE COST CNTRS					
063	EMERGENCY			123,083		123,083
063	OBSERVATION BEDS (NON-DIS					
063	OTHER OUTPATIENT SERVICE					
095	50 RURAL HEALTH CLINIC			45,173		45,173
095	SPEC PURPOSE COST CENTERS					
096	SUBTOTALS	3,292		888,099		888,099
098	NONREIMBURS COST CENTERS					
100	GIFT, FLOWER, COFFEE SHOP			11,450		11,450
100	PHYSICIANS' PRIVATE OFFIC			48,908		48,908
100	AUTOMATED HEALTH SERVICES			6		6
100	01 RENAL			22,115		22,115
100	02 LEASED SPACE			54,514		54,514
100	03 UNUSED SPACE			45,280		45,280
101	CROSS FOOT ADJUSTMENTS		5,919	5,919		5,919
102	NEGATIVE COST CENTER					
103	TOTAL	3,292	5,919	1,076,291		1,076,291

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I PERIOD:

I PREPARED 2/22/2011

I 14-1315

I FROM 10/ 1/2009

I WORKSHEET B-1

I

I TO 9/30/2010

I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES		(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	114,656					
005 NEW CAP REL COSTS-MVB		100,434				
006 EMPLOYEE BENEFITS			6,828,138			
007 ADMINISTRATIVE & GENE	22,332	22,332	933,259	-3,086,005	13,207,652	
008 MAINTENANCE & REPAIRS	23,652	23,652	288,281		730,047	62,588
009 OPERATION OF PLANT					416,799	
010 LAUNDRY & LINEN SERVI					76,222	
011 HOUSEKEEPING	1,816	1,816	275,527		375,465	1,816
012 DIETARY	2,216	2,216	182,169		294,768	2,216
014 CAFETERIA	801	801			8,034	801
017 NURSING ADMINISTRATIO	202	202	106,102		175,138	202
018 MEDICAL RECORDS & LIB	3,593	3,593	109,610		340,718	3,593
020 SOCIAL SERVICE	143	143	52,312		63,042	143
025 NONPHYSICIAN ANESTHET			265,619		312,816	
037 INPAT ROUTINE SRVC CN						
040 ADULTS & PEDIATRICS	11,375	11,375	1,168,405		1,561,246	11,375
041 ANCILLARY SRVC COST C						
044 OPERATING ROOM	6,994	6,994	456,302		714,925	6,994
049 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	4,861	4,861	722,624		1,701,549	4,861
044 01 NUCLEAR MEDICINE-DIAG	517	517	27,989		149,048	517
049 LABORATORY	2,467	2,467	448,387		1,058,694	2,467
049 01 RESPIRATORY THERAPY	1,329	1,329	151,754		218,430	1,329
049 01 SLEEP STUDIES	376	376	29,856		48,751	376
050 PHYSICAL THERAPY	514	514	24,905		56,274	514
055 MEDICAL SUPPLIES CHAR	1,506	1,506	39,989		312,423	1,506
056 DRUGS CHARGED TO PATI	1,650	1,650	320,289		1,905,522	1,650
056 01 ONCOLOGY	1,162	1,162	102,342		143,460	1,162
061 OUTPAT SERVICE COST C						
062 EMERGENCY	6,132	6,132	695,122		1,274,474	6,132
063 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC		2,901	330,014		1,027,133	2,901
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	93,638	96,539	6,730,857	-3,086,005	12,964,978	50,555
098 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	770	770			7,723	770
100 PHYSICIANS' PRIVATE O	3,125	3,125	97,281		151,547	3,125
100 AUTOMATED HEALTH SERV					342	
100 01 RENAL	2,303				11,172	2,303
100 02 LEASED SPACE	5,835				28,305	5,835
100 03 UNUSED SPACE	8,985				43,585	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	556,182	520,109	1,213,278		3,086,005	900,625
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.850876		.177688		.233653	
105 (WRKSHT B, PT I)		5.178615				14.389739
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					223,979	249,595
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.016958	3.987905
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I PERIOD:

I PREPARED 2/22/2011

I 14-1315

I FROM 10/ 1/2009

I WORKSHEET B-1

I

I TO 9/30/2010

I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		(SQUARE FEET	(PATIENT DAYS	(SQUARE FEET	(PATIENT DAYS	(GROSS SALARIES	(NURSING SALARIES	(TOTAL CHARGES
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	66,446						
010	LAUNDRY & LINEN SERV		2,601					
011	HOUSEKEEPING	1,816		55,645				
012	DIETARY	2,216		2,216	2,601			
013	CAFETERIA	801		801		5,148,902		
014	NURSING ADMINISTRATIO	202		202		106,102	2,113,089	
017	MEDICAL RECORDS & LIB	3,593		3,593		109,610		35,486,641
018	SOCIAL SERVICE	143		143		52,312		
020	NONPHYSICIAN ANESTHET					265,619		
025	INPAT ROUTINE SRVC CN							
037	ADULTS & PEDIATRICS	11,375	2,601	11,375	2,601	1,168,405	855,100	2,534,195
040	ANCILLARY SRVC COST C							
041	OPERATING ROOM	6,994		6,994		456,302	329,965	2,271,647
042	ANESTHESIOLOGY							143,258
043	RADIOLOGY-DIAGNOSTIC	4,861		4,861		722,624		9,959,828
044	01 NUCLEAR MEDICINE-DIAG	517		517		27,989	27,589	1,063,601
045	LABORATORY	2,467		2,467		448,387		6,423,970
046	RESPIRATORY THERAPY	1,329		1,329		151,754	68,672	1,212,984
047	01 SLEEP STUDIES	376		376		29,856		312,885
048	PHYSICAL THERAPY	514		514		24,905		189,529
049	MEDICAL SUPPLIES CHAR	1,506		1,506		39,989		1,138,028
050	DRUGS CHARGED TO PATI	1,650		1,650		320,289		5,164,200
051	01 ONCOLOGY	1,162		1,162		102,342	96,071	155,405
061	OUTPAT SERVICE COST C							
062	EMERGENCY	6,132		6,132		695,122	537,784	4,917,111
063	OBSERVATION BEDS (NON							
064	OTHER OUTPATIENT SERV							
065	50 RURAL HEALTH CLINIC					330,014	136,742	
095	SPEC PURPOSE COST CEN							
096	SUBTOTALS	47,654	2,601	45,838	2,601	5,051,621	2,051,923	35,486,641
097	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE	770		770				
099	PHYSICIANS' PRIVATE O	3,125		3,125		97,281	61,166	
100	AUTOMATED HEALTH SERV							
101	01 RENAL	2,303		2,303				
102	02 LEASED SPACE	3,609		3,609				
103	03 UNUSED SPACE	8,985						
104	CROSS FOOT ADJUSTMENT							
105	NEGATIVE COST CENTER							
106	COST TO BE ALLOCATED	514,185	94,031	503,379	432,724	34,881	223,076	533,079
107	4 (WRKSHT B, PART I)							
108	UNIT COST MULTIPLIER		36.151865		166.368320		.105569	
109	(WRKSHT B, PT I)	7.738389		9.046258		.006774		.015022
110	COST TO BE ALLOCATED							
111	(WRKSHT B, PART II)							
112	UNIT COST MULTIPLIER							
113	(WRKSHT B, PT II)							
114	COST TO BE ALLOCATED	7,068	1,293	32,015	37,573	11,910	6,184	58,846
115	(WRKSHT B, PART III)							
116	UNIT COST MULTIPLIER		.497116		14.445598		.002927	
117	(WRKSHT B, PT III)	.106372		.575344		.002313		.001658

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 I 14-1315 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	(PATIENT DAYS	(ASSIGNED TIME)
	18	20
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENE		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATIO		
018 MEDICAL RECORDS & LIB		
020 SOCIAL SERVICE	2,601	
025 NONPHYSICIAN ANESTHET		100
037 INPAT ROUTINE SRVC CN		
040 ADULTS & PEDIATRICS	2,601	
041 ANCILLARY SRVC COST C		
044 OPERATING ROOM		100
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC		
055 01 NUCLEAR MEDICINE-DIAG		
056 LABORATORY		
056 01 RESPIRATORY THERAPY		
056 01 SLEEP STUDIES		
056 01 PHYSICAL THERAPY		
056 01 MEDICAL SUPPLIES CHAR		
056 01 DRUGS CHARGED TO PATI		
056 01 ONCOLOGY		
061 OUTPAT SERVICE COST C		
062 EMERGENCY		
063 OBSERVATION BEDS (NON		
063 50 OTHER OUTPATIENT SERV		
063 50 RURAL HEALTH CLINIC		
095 SPEC PURPOSE COST CEN	2,601	100
096 SUBTOTALS		
098 NONREIMBURS COST CENT		
100 GIFT, FLOWER, COFFEE		
100 PHYSICIANS' PRIVATE O		
100 AUTOMATED HEALTH SERV		
100 01 RENAL		
100 02 LEASED SPACE		
100 03 UNUSED SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	82,585	387,705
104 (PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER	31.751250	3,877.050000
105 (WRKSHT B, PT I)		
105 COST TO BE ALLOCATED		
106 (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
107 (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	3,292	5,919
108 (PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER	1.265667	59.190000
108 (WRKSHT B, PT III)		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,026,238		3,026,238		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	1,172,053		1,172,053		
41	ANESTHESIOLOGY	389,857		389,857		
41	RADIOLOGY-DIAGNOSTIC	2,405,171		2,405,171		
44	01 NUCLEAR MEDICINE-DIAGNOST	219,071		219,071		
49	LABORATORY	1,482,506		1,482,506		
49	RESPIRATORY THERAPY	337,396		337,396		
50	01 SLEEP STUDIES	76,766		76,766		
55	PHYSICAL THERAPY	88,463		88,463		
56	MEDICAL SUPPLIES CHARGED	449,737		449,737		
56	DRUGS CHARGED TO PATIENTS	2,481,932		2,481,932		
56	01 ONCOLOGY	226,374		226,374		
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY	1,898,768		1,898,768		
63	OBSERVATION BEDS (NON-DIS	100,461		100,461		
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,325,543		1,325,543		
101	OTHER REIMBURS COST CNTRS					
102	SUBTOTAL	15,680,336		15,680,336		
103	LESS OBSERVATION BEDS	100,461		100,461		
103	TOTAL	15,579,875		15,579,875		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 I 14-1315 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,416,252		2,416,252			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	182,951	2,088,696	2,271,647	.515949	.515949	
41	ANESTHESIOLOGY	35,089	108,169	143,258	2.721363	2.721363	
41	RADIOLOGY-DIAGNOSTIC	593,399	9,366,429	9,959,828	.241487	.241487	
41 01	NUCLEAR MEDICINE-DIAGNOST	10,718	1,052,883	1,063,601	.205971	.205971	
44	LABORATORY	869,898	5,554,072	6,423,970	.230777	.230777	
49	RESPIRATORY THERAPY	357,724	855,260	1,212,984	.278154	.278154	
49 01	SLEEP STUDIES		312,885	312,885	.245349	.245349	
50	PHYSICAL THERAPY	180,999	8,530	189,529	.466752	.466752	
55	MEDICAL SUPPLIES CHARGED	605,045	532,983	1,138,028	.395190	.395190	
56	DRUGS CHARGED TO PATIENTS	1,287,441	3,876,759	5,164,200	.480603	.480603	
56 01	ONCOLOGY	266	155,139	155,405	1.456671	1.456671	
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	59,376	4,857,735	4,917,111	.386155	.386155	
62	OBSERVATION BEDS (NON-DIS		117,943	117,943	.851776	.851776	
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC		1,152,662	1,152,662	1.149984	1.149984	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,599,158	30,040,145	36,639,303			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,599,158	30,040,145	36,639,303			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-1315
II PERIOD:
I FROM 10/ 1/2009
I TO 9/30/2010I PREPARED 2/22/2011
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,026,238		3,026,238		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	1,172,053		1,172,053		
41	ANESTHESIOLOGY	389,857		389,857		
41	RADIOLOGY-DIAGNOSTIC	2,405,171		2,405,171		
41 01	NUCLEAR MEDICINE-DIAGNOST	219,071		219,071		
44	LABORATORY	1,482,506		1,482,506		
49	RESPIRATORY THERAPY	337,396		337,396		
49 01	SLEEP STUDIES	76,766		76,766		
50	PHYSICAL THERAPY	88,463		88,463		
55	MEDICAL SUPPLIES CHARGED	449,737		449,737		
56	DRUGS CHARGED TO PATIENTS	2,481,932		2,481,932		
56 01	ONCOLOGY	226,374		226,374		
61	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,898,768		1,898,768		
62	OBSERVATION BEDS (NON-DIS	100,461		100,461		
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC	1,325,543		1,325,543		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	15,680,336		15,680,336		
102	LESS OBSERVATION BEDS	100,461		100,461		
103	TOTAL	15,579,875		15,579,875		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
I 14-1315 I FROM 10/ 1/2009 I WORKSHEET C
I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,416,252		2,416,252			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	182,951	2,088,696	2,271,647	.515949	.515949	
41	ANESTHESIOLOGY	35,089	108,169	143,258	2.721363	2.721363	
41	RADIOLOGY-DIAGNOSTIC	593,399	9,366,429	9,959,828	.241487	.241487	
41	01 NUCLEAR MEDICINE-DIAGNOST	10,718	1,052,883	1,063,601	.205971	.205971	
44	LABORATORY	869,898	5,554,072	6,423,970	.230777	.230777	
49	RESPIRATORY THERAPY	357,724	855,260	1,212,984	.278154	.278154	
49	01 SLEEP STUDIES		312,885	312,885	.245349	.245349	
50	PHYSICAL THERAPY	180,999	8,530	189,529	.466752	.466752	
55	MEDICAL SUPPLIES CHARGED	605,045	532,983	1,138,028	.395190	.395190	
56	DRUGS CHARGED TO PATIENTS	1,287,441	3,876,759	5,164,200	.480603	.480603	
56	01 ONCOLOGY	266	155,139	155,405	1.456671	1.456671	
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	59,376	4,857,735	4,917,111	.386155	.386155	
62	OBSERVATION BEDS (NON-DIS		117,943	117,943	.851776	.851776	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		1,152,662	1,152,662	1.149984	1.149984	
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,599,158	30,040,145	36,639,303			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,599,158	30,040,145	36,639,303			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,172,053	120,716	1,051,337			1,172,053
41	ANESTHESIOLOGY	389,857	238	389,619			389,857
41	RADIOLOGY-DIAGNOSTIC	2,405,171	118,500	2,286,671			2,405,171
44	01 NUCLEAR MEDICINE-DIAGNOST	219,071	12,036	207,035			219,071
49	LABORATORY	1,482,506	65,903	1,416,603			1,482,506
49	RESPIRATORY THERAPY	337,396	25,802	311,594			337,396
49	01 SLEEP STUDIES	76,766	6,941	69,825			76,766
50	PHYSICAL THERAPY	88,463	8,882	79,581			88,463
55	MEDICAL SUPPLIES CHARGED	449,737	29,413	420,324			449,737
56	DRUGS CHARGED TO PATIENTS	2,481,932	65,873	2,416,059			2,481,932
56	01 ONCOLOGY	226,374	20,291	206,083			226,374
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	1,898,768	123,083	1,775,685			1,898,768
63	OBSERVATION BEDS (NON-DIS	100,461		100,461			100,461
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,325,543	45,173	1,280,370			1,325,543
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	12,654,098	642,851	12,011,247			12,654,098
103	LESS OBSERVATION BEDS	100,461		100,461			100,461
103	TOTAL	12,553,637	642,851	11,910,786			12,553,637

WKST A	COST CENTER DESCRIPTION	TOTAL	OUTPAT COST	I/P PT B COST
LINE NO.		CHARGES	TO CHRG RATIO	TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	2,271,647	.515949	.515949
41	ANESTHESIOLOGY	143,258	2.721363	2.721363
41	RADIOLOGY-DIAGNOSTIC	9,959,828	.241487	.241487
41 01	NUCLEAR MEDICINE-DIAGNOST	1,063,601	.205971	.205971
44	LABORATORY	6,423,970	.230777	.230777
49	RESPIRATORY THERAPY	1,212,984	.278154	.278154
49 01	SLEEP STUDIES	312,885	.245349	.245349
50	PHYSICAL THERAPY	189,529	.466752	.466752
55	MEDICAL SUPPLIES CHARGED	1,138,028	.395190	.395190
56	DRUGS CHARGED TO PATIENTS	5,164,200	.480603	.480603
56 01	ONCOLOGY	155,405	1.456671	1.456671
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,917,111	.386155	.386155
62	OBSERVATION BEDS (NON-DIS	117,943	.851776	.851776
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	1,152,662	1.149984	1.149984
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	34,223,051		
102	LESS OBSERVATION BEDS	117,943		
103	TOTAL	34,105,108		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,172,053	120,716	1,051,337			1,172,053
41	ANESTHESIOLOGY	389,857	238	389,619			389,857
41	RADIOLOGY-DIAGNOSTIC	2,405,171	118,500	2,286,671			2,405,171
44	01 NUCLEAR MEDICINE-DIAGNOST	219,071	12,036	207,035			219,071
44	LABORATORY	1,482,506	65,903	1,416,603			1,482,506
49	RESPIRATORY THERAPY	337,396	25,802	311,594			337,396
49	01 SLEEP STUDIES	76,766	6,941	69,825			76,766
50	PHYSICAL THERAPY	88,463	8,882	79,581			88,463
55	MEDICAL SUPPLIES CHARGED	449,737	29,413	420,324			449,737
56	DRUGS CHARGED TO PATIENTS	2,481,932	65,873	2,416,059			2,481,932
56	01 ONCOLOGY	226,374	20,291	206,083			226,374
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	1,898,768	123,083	1,775,685			1,898,768
63	OBSERVATION BEDS (NON-DIS	100,461		100,461			100,461
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,325,543	45,173	1,280,370			1,325,543
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	12,654,098	642,851	12,011,247			12,654,098
102	LESS OBSERVATION BEDS	100,461		100,461			100,461
103	TOTAL	12,553,637	642,851	11,910,786			12,553,637

Health Financial Systems MCRIF32 FOR BCC DBA ILLINI COMMUNITY HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)
 CALCULATION OF OUTPATIENT SERVICE COST TO I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 CHARGE RATIOS NET OF REDUCTIONS I 14-1315 I FROM 10/ 1/2009 I WORKSHEET C
 SPECIAL TITLE XIX WORKSHEET I I TO 9/30/2010 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,271,647	.515949	.515949
40	ANESTHESIOLOGY	143,258	2.721363	2.721363
41	RADIOLOGY-DIAGNOSTIC	9,959,828	.241487	.241487
41 01	NUCLEAR MEDICINE-DIAGNOST	1,063,601	.205971	.205971
44	LABORATORY	6,423,970	.230777	.230777
49	RESPIRATORY THERAPY	1,212,984	.278154	.278154
49 01	SLEEP STUDIES	312,885	.245349	.245349
50	PHYSICAL THERAPY	189,529	.466752	.466752
55	MEDICAL SUPPLIES CHARGED	1,138,028	.395190	.395190
56	DRUGS CHARGED TO PATIENTS	5,164,200	.480603	.480603
56 01	ONCOLOGY	155,405	1.456671	1.456671
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,917,111	.386155	.386155
62	OBSERVATION BEDS (NON-DIS	117,943	.851776	.851776
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	1,152,662	1.149984	1.149984
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	34,223,051		
102	LESS OBSERVATION BEDS	117,943		
103	TOTAL	34,105,108		

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.515949		.515949		
40	ANESTHESIOLOGY	2.721363		2.721363		
41	RADIOLOGY-DIAGNOSTIC	.241487		.241487		
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.205971		.205971		
44	LABORATORY	.230777		.230777		
49	RESPIRATORY THERAPY	.278154		.278154		
49 01	SLEEP STUDIES	.245349		.245349		
50	PHYSICAL THERAPY	.466752		.466752		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.395190		.395190		
56	DRUGS CHARGED TO PATIENTS	.480603		.480603		
56 01	ONCOLOGY	1.456671		1.456671		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.386155		.386155		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.851776		.851776		
63	OTHER OUTPATIENT SERVICE COST CENTER					
63 50	RURAL HEALTH CLINIC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description		Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,168,216			
40	ANESTHESIOLOGY		45,013			
41	RADIOLOGY-DIAGNOSTIC		3,866,907			
41 01	NUCLEAR MEDICINE-DIAGNOSTIC		702,780			
44	LABORATORY		2,427,466			
49	RESPIRATORY THERAPY		483,577			
49 01	SLEEP STUDIES		140,190			
50	PHYSICAL THERAPY		7,223			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		304,292			
56	DRUGS CHARGED TO PATIENTS		2,456,365			
56 01	ONCOLOGY		114,454			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,565,745			
62	OBSERVATION BEDS (NON-DISTINCT PART)		59,460			
63	OTHER OUTPATIENT SERVICE COST CENTER					
63 50	RURAL HEALTH CLINIC					
101	SUBTOTAL		13,341,688			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		13,341,688			

TITLE XVIII, PART B

HOSPITAL

All Other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	602,740		
40 ANESTHESIOLOGY	122,497		
41 RADIOLOGY-DIAGNOSTIC	933,808		
41 01 NUCLEAR MEDICINE-DIAGNOSTIC	144,752		
44 LABORATORY	560,203		
49 RESPIRATORY THERAPY	134,509		
49 01 SLEEP STUDIES	34,395		
50 PHYSICAL THERAPY	3,371		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	120,253		
56 DRUGS CHARGED TO PATIENTS	1,180,536		
56 01 ONCOLOGY	166,722		
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	604,620		
62 OBSERVATION BEDS (NON-DISTINCT PART)	50,647		
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 50 RURAL HEALTH CLINIC			
101 SUBTOTAL	4,659,053		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS--			
PROGRAM ONLY CHARGES			
104 NET CHARGES	4,659,053		

Health Financial Systems MCRIF32 FOR BCC DBA ILLINI COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
I 14-1315 I FROM 10/ 1/2009 I WORKSHEET D
I COMPONENT NO: I TO 9/30/2010 I PART VI
I 14-1315 I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1 .480603
2	PROGRAM VACCINE CHARGES	6,017
3	PROGRAM COSTS	2,892

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,188,649
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,188,649
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.155340
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	988.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,528,633

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,141.60
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,965,835
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,965,835

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,116,682
49 TOTAL PROGRAM INPATIENT COSTS					3,082,517

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 124,434
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 371,020
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 495,454
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 88
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,141.60
 85 OBSERVATION BED COST 100,461

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A
HOSPITAL
OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,737,255	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.515949	140,337	72,407
40	ANESTHESIOLOGY	2.721363	18,838	51,265
41	RADIOLOGY-DIAGNOSTIC	.241487	431,927	104,305
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.205971	6,240	1,285
44	LABORATORY	.230777	654,773	151,107
49	RESPIRATORY THERAPY	.278154	259,304	72,126
49 01	SLEEP STUDIES	.245349		
50	PHYSICAL THERAPY	.466752	88,817	41,456
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.395190	537,668	212,481
56	DRUGS CHARGED TO PATIENTS	.480603	850,486	408,746
56 01	ONCOLOGY	1.456671		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.386155	3,895	1,504
62	OBSERVATION BEDS (NON-DISTINCT PART)	.851776		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,992,285	1,116,682
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,992,285	

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.515949		
40	ANESTHESIOLOGY	2.721363		
41	RADIOLOGY-DIAGNOSTIC	.241487	15,055	3,636
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.205971		
44	LABORATORY	.230777	30,805	7,109
49	RESPIRATORY THERAPY	.278154	20,234	5,628
49 01	SLEEP STUDIES	.245349		
50	PHYSICAL THERAPY	.466752	71,171	33,219
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.395190	40,887	16,158
56	DRUGS CHARGED TO PATIENTS	.480603	117,542	56,491
56 01	ONCOLOGY	1.456671		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.386155		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.851776		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		295,694	122,241
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		295,694	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/22/2011
I	14-1315	I	FROM 10/ 1/2009	I	WORKSHEET E
I	COMPONENT NO:	I	TO 9/30/2010	I	PART B
I	14-1315	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,661,945
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,661,945

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	4,708,564
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	32,068
18.01	CAH ACTUAL BILLED COINSURANCE	2,193,045
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,483,451
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,483,451
24	PRIMARY PAYER PAYMENTS	204
25	SUBTOTAL	2,483,247
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	675,488
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	675,488
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	647,185
28	SUBTOTAL	3,158,735
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,158,735
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,055,360
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	103,375
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	27,204
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	5/ 7/2010	68,799		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			5/ 7/2010	457,568
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		68,799		-457,568
4 TOTAL INTERIM PAYMENTS		2,561,301		3,055,360
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		273,754		103,375
7 TOTAL MEDICARE PROGRAM LIABILITY		2,835,055		3,158,735

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/22/2011
I	14-1315	I	FROM 10/ 1/2009	I	WORKSHEET E-1	
I	COMPONENT NO:	I	TO 9/30/2010	I		
I	14-Z315	I		I		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII

SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		588,415		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	5/ 7/2010		17,100
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			17,100
4 TOTAL INTERIM PAYMENTS				605,515
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	.01		10,659	
BASED ON COST REPORT (1)	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				616,174

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	500,409	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	123,463	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	434	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	623,872	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	623,872	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	623,872	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	7,698	
14	80% OF PART B COSTS		
15	SUBTOTAL	616,174	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	616,174	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	605,515	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	10,659	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	3,606	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	3,082,517
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,082,517
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,113,342
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,113,342
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	349,664
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,763,678
23	COINSURANCE	
24	SUBTOTAL	2,763,678
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	71,377
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	71,377
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	62,216
26	SUBTOTAL	2,835,055
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,835,055
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,561,301
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	273,754
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	17,993

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,660,303			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,403,458			
5	OTHER RECEIVABLES	-342,753			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,791,221			
7	INVENTORY	452,968			
8	PREPAID EXPENSES	195,370			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	5,578,125			
FIXED ASSETS					
12	LAND	134,251			
12.01					
13	LAND IMPROVEMENTS	258,001			
13.01	LESS ACCUMULATED DEPRECIATION	-161,142			
14	BUILDINGS	8,349,019			
14.01	LESS ACCUMULATED DEPRECIATION	-2,640,774			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,635,935			
18.01	LESS ACCUMULATED DEPRECIATION	-3,769,563			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	6,805,727			
OTHER ASSETS					
22	INVESTMENTS	9,018			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	33,478			
26	TOTAL OTHER ASSETS	42,496			
27	TOTAL ASSETS	12,426,348			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	388,218			
29 SALARIES, WAGES & FEES PAYABLE	634,121			
30 PAYROLL TAXES PAYABLE	32,154			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,343,334			
35 OTHER CURRENT LIABILITIES	737,840			
36 TOTAL CURRENT LIABILITIES	3,135,667			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	5,027,922			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	138,943			
42 TOTAL LONG-TERM LIABILITIES	5,166,865			
43 TOTAL LIABILITIES	8,302,532			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	4,123,816			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	4,123,816			
52 TOTAL LIABILITIES AND FUND BALANCES	12,426,348			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND		
	1	2	3	4
1	FUND BALANCE AT BEGINNING	3,678,923		
2	OF PERIOD			
2	NET INCOME (LOSS)	405,009		
3	TOTAL	4,083,932		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4	RELEASED FROM RESTRICTION	193,637		
5	CONTRIBUTIONS	55,038		
6				
7				
8				
9				
10	TOTAL ADDITIONS	248,675		
11	SUBTOTAL	4,332,607		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	RELEASED FROM RESTRICTION	208,791		
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS	208,791		
19	FUND BALANCE AT END OF	4,123,816		
	PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND	PLANT FUND		
	5	6	7	8
1	FUND BALANCE AT BEGINNING			
2	OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL			
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4	RELEASED FROM RESTRICTION			
5	CONTRIBUTIONS			
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL			
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	RELEASED FROM RESTRICTION			
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF			
	PERIOD PER BALANCE SHEET			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,188,649		2,188,649
4 00 SWING BED - SNF	229,152		229,152
5 00 SWING BED - NF	12,144		12,144
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,429,945		2,429,945
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,429,945		2,429,945
17 00 ANCILLARY SERVICES	4,267,946	32,523,025	36,790,971
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC		1,152,662	1,152,662
24 00			
25 00 TOTAL PATIENT REVENUES	6,697,891	33,675,687	40,373,578

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		18,086,226
ADD (SPECIFY)		
27 00 PROVISION FOR BAD DEBTS	1,150,121	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		1,150,121
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		19,236,347

DESCRIPTION

1	TOTAL PATIENT REVENUES	40,373,578
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	20,913,259
3	NET PATIENT REVENUES	19,460,319
4	LESS: TOTAL OPERATING EXPENSES	19,236,347
5	NET INCOME FROM SERVICE TO PATIENTS	223,972
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	29,542
7	INCOME FROM INVESTMENTS	18,310
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	55,013
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	135,166
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
25	TOTAL OTHER INCOME	238,031
26	TOTAL	462,003
	OTHER EXPENSES	
27	MISCELLANEOUS	56,994
28		
29		
30	TOTAL OTHER EXPENSES	56,994
31	NET INCOME (OR LOSS) FOR THE PERIOD	405,009

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN				
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER	82,311		82,311	
5 VISITING NURSE				
6 OTHER NURSE	139,756		139,756	
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS				
10 SUBTOTAL (SUM OF LINES 1-9)	222,067		222,067	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT		393,193	393,193	
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT		127,754	127,754	
14 SUBTOTAL (SUM OF LINES 11-13)		520,947	520,947	
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		356	356	-356
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS		6,800	6,800	
21 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		7,156	7,156	-356
22 TOTAL COST OF HEALTH CARE SERVICES	222,067	528,103	750,170	-356
22 (SUM OF LINES 10, 14, AND 21)				
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY				
25 DENTAL				
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
29 FACILITY OVERHEAD				
30 FACILITY COSTS		34,562	34,562	
31 ADMINISTRATIVE COSTS	107,947	20,220	128,167	
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	107,947	54,782	162,729	
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	330,014	582,885	912,899	-356

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
I 14-1315 I FROM 10/ 1/2009 I WORKSHEET M-1
I COMPONENT NO: I TO 9/30/2010 I
I 14-3482 I

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN			
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	82,311		82,311
5 VISITING NURSE			
6 OTHER NURSE	139,756		139,756
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	222,067		222,067
11 COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT	393,193	7,794	400,987
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	127,754		127,754
14 SUBTOTAL (SUM OF LINES 11-13)	520,947	7,794	528,741
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES			
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS	6,800		6,800
21 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	6,800		6,800
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	749,814	7,794	757,608
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY			
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
28 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
29 FACILITY OVERHEAD			
29 FACILITY COSTS	34,562	33,133	67,695
30 ADMINISTRATIVE COSTS	128,167		128,167
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	162,729	33,133	195,862
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	912,543	40,927	953,470

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
I 14-1315 I FROM 10/ 1/2009 I WORKSHEET M-2
I COMPONENT NO: I TO 9/30/2010 I
I 14-3482 I

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
1 POSITIONS				
2 PHYSICIANS	1.00	5,430	4,200	4,200
3 PHYSICIAN ASSISTANTS			2,100	
4 NURSE PRACTITIONERS	.88	2,943	2,100	1,848
5 SUBTOTAL (SUM OF LINES 1-3)	1.88	8,373		6,048
6 VISITING NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 TOTAL FTES AND VISITS (SUM OF LINES 4-7)	1.88	8,373		
10 PHYSICIAN SERVICES UNDER AGREEMENTS				
11 DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
12 TOTAL COSTS OF HEALTH CARE SERVICES	757,608			
13 (FROM WORKSHEET M-1, COLUMN 7, LINE 22)				
14 TOTAL NONREIMBURSABLE COSTS				
15 (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
16 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	757,608			
17 (SUM OF LINES 10 AND 11)				
18 RATIO OF RHC/FQHC SERVICES	1.000000			
19 (LINE 10 DIVIDED BY LINE 12)				
20 TOTAL FACILITY OVERHEAD	195,862			
(FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	372,073			
(SEE INSTRUCTIONS)				
TOTAL OVERHEAD	567,935			
(SUM OF LINES 14 AND 15)				
ALLOWABLE GME OVERHEAD				
(SEE INSTRUCTIONS)				
SUBTRACT LINE 17 FROM LINE 16	567,935			
OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	567,935			
(LINE 13 X LINE 18)				
TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1,325,543			
(SUM OF LINES 10 AND 19)				
	GREATER OF			
	COL. 2 OR			
	COL. 4			
	5			
1 POSITIONS				
2 PHYSICIANS				
3 PHYSICIAN ASSISTANTS				
4 NURSE PRACTITIONERS				
5 SUBTOTAL (SUM OF LINES 1-3)	8,373			
6 VISITING NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 TOTAL FTES AND VISITS (SUM OF LINES 4-7)	8,373			
10 PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,325,543
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	4,147
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,321,396
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	8,373
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	8,373
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	157.82

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84 77.76
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	157.82 157.82
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	464 1,237
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	73,228 195,223
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	268,451
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	25,900
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	242,551
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	194,041
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	2,895
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	196,936
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	196,936
25	INTERIM PAYMENTS	149,856
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	47,080
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	1,256

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1315	I FROM 10/ 1/2009	I 2/22/2011
I COMPONENT NO:	I TO	I WORKSHEET M-4
I 14-3482	I 9/30/2010	I

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	222,067	222,067	222,067	222,067
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000021	.001614		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	5	358		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	94	1,913		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	99	2,271		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	757,608	757,608	757,608	757,608
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	567,935	567,935	567,935	567,935
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000131	.002998		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	74	1,703		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	173	3,974		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	2	150		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	86.50	26.49		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	1	106		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	87	2,808		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		4,147		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		2,895		

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR
 SERVICES RENDERED TO PROGRAM BENEFICIARIES
☒ RHC ☐ FQHC

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 I 14-1315 I FROM 10/ 1/2009 I WORKSHEET M-5
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-3482 I

RHC 1

DESCRIPTION		PART MM/DD/YYYY 1	B AMOUNT 2
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		139,919
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
	ADJUSTMENTS TO PROVIDER .01	5/ 7/2010	9,937
	ADJUSTMENTS TO PROVIDER .02		
	ADJUSTMENTS TO PROVIDER .03		
	ADJUSTMENTS TO PROVIDER .04		
	ADJUSTMENTS TO PROVIDER .05		
	ADJUSTMENTS TO PROGRAM .50		
	ADJUSTMENTS TO PROGRAM .51		
	ADJUSTMENTS TO PROGRAM .52		
	ADJUSTMENTS TO PROGRAM .53		
	ADJUSTMENTS TO PROGRAM .54		
	ADJUSTMENTS TO PROGRAM .99		
	SUBTOTAL		9,937
4	TOTAL INTERIM PAYMENTS		149,856
	TO BE COMPLETED BY INTERMEDIARY		
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
	TENTATIVE TO PROVIDER .01		
	TENTATIVE TO PROVIDER .02		
	TENTATIVE TO PROVIDER .03		
	TENTATIVE TO PROGRAM .50		
	TENTATIVE TO PROGRAM .51		
	TENTATIVE TO PROGRAM .52		
	TENTATIVE TO PROGRAM .99		
	SUBTOTAL		NONE
6	DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01		47,080
	AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02		
	BASED ON COST REPORT (1)		
7	TOTAL MEDICARE PROGRAM LIABILITY		196,936

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.